

U.S. DISTRICT COURT  
SOUTH CAROLINA

2017 MAY -5 PM 4:16

IN THE UNITED STATES DISTRICT COURT  
FOR THE DISTRICT OF SOUTH CAROLINA

DONIS JEAN MARTIN

(Write the full name of each plaintiff who is filing this complaint. If the names of all the plaintiffs cannot fit in the space above, please write "see attached" in the space and attach an additional page with the full list of names.)

-against-

UNITED STATES OF AMERICA

(Write the full name of each defendant who is being sued. If the names of all the defendants cannot fit in the space above, please write "see attached" in the space and attach an additional page with the full list of names.)

Complaint for a Civil Case

Case No. \_\_\_\_\_

(to be filled in by the Clerk's Office)

Jury Trial:  Yes  No  
(check one)

## I. The Parties to This Complaint

### A. The Plaintiff(s)

Provide the information below for each plaintiff named in the complaint. Attach additional pages if needed.

Name	<u>DONIS JEAN MARTIN</u>
Street Address	<u>P.O Box 2662</u>
City and County	<u>Columbia - Richland County</u>
State and Zip Code	<u>South Carolina 29202</u>
Telephone Number	<u>803-605-4531</u>

### B. The Defendant(s)

Provide the information below for each defendant named in the complaint, whether the defendant is an individual, a government agency, an organization, or a corporation. For an individual defendant, include the person's job or title (if known). Attach additional pages if needed.

#### Defendant No. 1

Name	<u>UNITED STATES OF AMERICA</u>
Job or Title (if known)	_____
Street Address	_____
City and County	_____
State and Zip Code	_____
Telephone Number	_____

#### Defendant No. 2

Name	_____
Job or Title (if known)	_____
Street Address	_____
City and County	_____
State and Zip Code	_____
Telephone Number	_____

#### Defendant No. 3

Name	_____
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Job or Title (if known)	_____
Street Address	_____
City and County	_____
State and Zip Code	_____
Telephone Number	_____
<b>Defendant No. 4</b>	
Name	_____
Job or Title (if known)	_____
Street Address	_____
City and County	_____
State and Zip Code	_____
Telephone Number	_____

## **II. Basis for Jurisdiction**

Federal courts are courts of limited jurisdiction (limited power). Generally, only two types of cases can be heard in federal court: cases involving a federal question and cases involving diversity of citizenship of the parties. Under 28 U.S.C. § 1331, a case arising under the United States Constitution or federal laws or treaties is a federal question case. Under 28 U.S.C. § 1332, a case in which a citizen of one State sues a citizen of another State or nation and the amount at stake is more than \$75,000 is a diversity of citizenship case. In a diversity of citizenship case, no defendant may be a citizen of the same State as any plaintiff.

What is the basis for federal court jurisdiction? (*check all that apply*)

- Federal question       Diversity of citizenship

Fill out the paragraphs in this section that apply to this case.

### **A. If the Basis for Jurisdiction Is a Federal Question**

List the specific federal statutes, federal treaties, and/or provisions of the United States Constitution that are at issue in this case.

FEDERAL TORT CLAIMS ACT

**B. If the Basis for Jurisdiction Is Diversity of Citizenship**

1. The Plaintiff(s)

a. If the plaintiff is an individual

The plaintiff, (name) \_\_\_\_\_, is a citizen of the State of (name) \_\_\_\_\_.

b. If the plaintiff is a corporation

The plaintiff, (name) \_\_\_\_\_, is incorporated under the laws of the State of (name) \_\_\_\_\_, and has its principal place of business in the State of (name) \_\_\_\_\_.

*(If more than one plaintiff is named in the complaint, attach an additional page providing the same information for each additional plaintiff.)*

2. The Defendant(s)

a. If the defendant is an individual

The defendant, (name) \_\_\_\_\_, is a citizen of the State of (name) \_\_\_\_\_. Or is a citizen of (foreign nation) \_\_\_\_\_.

b. If the defendant is a corporation

The defendant, (name) \_\_\_\_\_, is incorporated under the laws of the State of (name) \_\_\_\_\_, and has its principal place of business in the State of (name) \_\_\_\_\_. Or is incorporated under the laws of (foreign nation) \_\_\_\_\_, and has its principal place of business in (name) \_\_\_\_\_.

*(If more than one defendant is named in the complaint, attach an additional page providing the same information for each additional defendant.)*

3. The Amount in Controversy

The amount in controversy—the amount the plaintiff claims the defendant owes or the amount at stake—is more than \$75,000, not counting interest and costs of court, because (*explain*):

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**III. Statement of Claim**

Write a short and plain statement of the claim. Do not make legal arguments. State as briefly as possible the facts showing that each plaintiff is entitled to the damages or other relief sought. State how each defendant was involved and what each defendant did that caused the plaintiff harm or violated the plaintiff's rights, including the dates and places of that involvement or conduct. If more than one claim is asserted, number each claim and write a short and plain statement of each claim in a separate paragraph. Attach additional pages if needed.

On July 10, 2015 After performing a routine pap-test, Dr. Karen C. Walpole, an employee of the William Jennings Bryan Dorn VA Hospital located in Columbia, SC deviated from the medical standard of care and performed an abusive pelvic exam. This physically abusive exam caused me physical injury, psychological trauma, emotional distress,

**IV. Relief**

State briefly and precisely what damages or other relief the plaintiff asks the court to order. Do not make legal arguments. Include any basis for claiming that the wrongs alleged are continuing at the present time. Include the amounts of any actual damages claimed for the acts alleged and the basis for these amounts. Include any punitive or exemplary damages claimed, the amounts, and the reasons you claim you are entitled to actual or punitive money damages.

30,000.00

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PAIN AND SUFFERING AND GYNECOLOGICAL PROBLEMS.

This physical abuse that was inflicted on me by Dr. WALPOLE effected me to the point that I had to be put on medication for depression, panic attacks, anxiety and nervous pain, by my primary care provider nurse practitioner Patricia A. SPEAKS, which is also an employee at the DORN VA Hospital.

I WAS CHARGED CO-PAYMENT FOR THIS PARTICULAR MEDICATION AND OTHER MEDICATION RELATED TO THIS INCIDENT AND ONE OF THE MEDICATIONS WAS WRONGFULLY PRESCRIBED, AND I WAS STILL CHARGED FOR IT WHICH THE VA TOOK OUT OF MY TAX(FEDERAL) REFUND.

I FILED A WRITTEN COMPLAINT ABOUT THE WHOLE INCIDENT WITH THE VA PATIENT ADVOCATE OFFICE, THE VA INSPECTOR GENERAL OFFICE IN WASHINGTON DC AND STANDY CORB A VA EMPLOYEE CONTACTED THE DORN VA HOSPITAL CHIEF OF POLICE AND DR. WALPOLE WAS INVESTIGATED FOR SEXUAL MISCONDUCT.

I AM PREPARED TO PRESENT POLICE REPORT AND OTHER DOCUMENTS RELATED TO THIS CASE INCLUDING MEDICAL RECORDS,

**V. Certification and Closing**

Under Federal Rule of Civil Procedure 11, by signing below, I certify to the best of my knowledge, information, and belief that this complaint: (1) is not being presented for an improper purpose, such as to harass, cause unnecessary delay, or needlessly increase the cost of litigation; (2) is supported by existing law or by a nonfrivolous argument for extending, modifying, or reversing existing law; (3) the factual contentions have evidentiary support or, if specifically so identified, will likely have evidentiary support after a reasonable opportunity for further investigation or discovery; and (4) the complaint otherwise complies with the requirements of Rule 11.

**A. For Parties Without an Attorney**

I agree to provide the Clerk's Office with any changes to my address where case-related papers may be served. I understand that my failure to keep a current address on file with the Clerk's Office may result in the dismissal of my case.

Date of signing: May 05, 2017.

Signature of Plaintiff

Donis Jean Martin

Printed Name of Plaintiff

Donis Jean Martin

**B. For Attorneys**

Date of signing: \_\_\_\_\_, 20\_\_.

Signature of Attorney

\_\_\_\_\_

Printed Name of Attorney

\_\_\_\_\_

Bar Number

\_\_\_\_\_

Name of Law Firm

\_\_\_\_\_

Address

\_\_\_\_\_

Telephone Number

\_\_\_\_\_

E-mail Address

\_\_\_\_\_